

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

CHRISTIAN

J

NICKNAME

LAST

SUFFIX

Ross

OFFICE USE ONLY

Date Received

OCT 26 2015

11:40 AM

AB

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

890 E Riverside Dr

Grapevine

TX

76051

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 601-5019

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

MARILYN

NICKNAME

LAST

SUFFIX

DAVIS

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2315 Ridge Ln

Grapevine TX

76051

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 481-2219

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

09 / 25 / 2015

THROUGH

Month

Day

Year

10 / 24 / 15

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2015

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 1

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Christian Ress

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

COMMITTEE NAME

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

\$ 425.00


\$ 2,299.99

\$ 343.03

\$ 3,419.81

\$ C

\$ 0

 **ANNE BAKER**
Notary Public
State of Texas
My Comm. Expires 01-14-2016

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said CHRISTIAN ROSS, this the 26th
day of OCTOBER, 2015, to certify which, witness my hand and seal of office.

NOTARY
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christian Ross

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/15

5 Full name of contributor

Monella Terrien

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

2615 Cedar Mill Rd Grand Junction, CO 81505

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

Manager of Park

9 Employer (See Instructions)

Sunny Estates

Date

9/22/15

Full name of contributor

Marc Terrien

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

2615 Cedar Mill Rd Grand Junction, CO 81505

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Driver

Employer (See Instructions)

Thin Air Web

Date

10/5/15

Full name of contributor

Michael Brooks

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

568 Coyote Rd Southlake, TX 76092

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Finance Manager

Employer (See Instructions)

Optigroup

Date

10/5/15

Full name of contributor

Gonzalo Robles

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

2814 Cripple Creek Tr Grapevine, TX 76051

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Human Resources Director

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christian Ross

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/15

5 Full name of contributor

John Hedeker

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address;

City; State; Zip Code

Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/6/15

Full name of contributor

Jeremy Johnson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/15

Full name of contributor

Danielle Huddleston

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/15

Full name of contributor

Joel Jenkins

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

Utah

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Christian Ross

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/15

5 Full name of contributor

Mike Richardson

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

Grapewine, TX 76051

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Date

10/6/15

Full name of contributor

John Dorek

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Grapewine, TX 76051

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Dragon Storage

Date

10/7/15

Full name of contributor

Laurie Frantz

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

Grapewine, TX 76051

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Parkland Hospital

Date

10/7/15

Full name of contributor

Don Thomas

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

Portales, NM 88130

Principal occupation / Job title (See Instructions)

Minister

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Christian Ross

3 Filer ID (Ethics Commission Filers)

4 Date

10/7/15

5 Full name of contributor

Alaina Goldstein

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/15

Full name of contributor

John Dorely

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Dragon Storage

Date

10/13/15

Full name of contributor

Mare Ternion

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

Grand Junction, CO 81505

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Thin Air Web

Date

10/19/15

Full name of contributor

Josun Peabody

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$10.00

Contributor address;

City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Christian Ross

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/15

5 Full name of contributor

Jenni Samuel

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 99.99

6 Contributor address;

City; State; Zip Code

Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

Date

10/20/15

Full name of contributor

Aaryn Lamb

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 40.00

Contributor address;

City; State; Zip Code

Irving, TX 76051

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of Aaryn Lamb

Date

10/20/15

Full name of contributor

Leigh Davis

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

Irving, TX 76051

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/20/15

Full name of contributor

Gaynelle Thomas

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

122 Yucca Drive

Porter, NM 88130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christian Ross

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/15

5 Full name of contributor

Charles Bloomberg

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$40.00

6 Contributor address;

City; State; Zip Code

Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

NA

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Christian Ross***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2724.99
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$